

BEST AVAILABLE COPIES

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. 10-048,017	
						APPLICANT	
						CLAIMS	
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3		10		2			53
4		21		1			54
5		10		0			55
6		21		1			56
7		10		1			57
8		21		1			58
9		10		2			59
10		21		1			60
11		10		1			61
12		21		1			62
13		10		1			63
14		21		1			64
15		10		1			65
16		21		1			66
17		10		1			67
18		1		1			68
19				1			69
20		10		2			70
21		21		1			71
22		10		1			72
23		21		1			73
24		10		1			74
25		1		1			75
26		1		1			76
27				1			77
28				1			78
29				1			79
30				1			80
31				1			81
32				1			82
33				1			83
34				1			84
35				1			85
36				1			86
37				1			87
38				1			88
39				1			89
40				1			90
41				1			91
42				1			92
43				1			93
44				1			94
45				1			95
46				1			96
47				1			97
48				1			98
49				1			99
50				1			100
TOTAL IND.	2		3				TOTAL IND.
TOTAL DEP.	23		11				TOTAL DEP.
TOTAL CHARGE	25		44				TOTAL CHARGE